

## ASSET TRANSFER UNDUE HARDSHIP CLAIM FORM

Return To:
Agency:_____
Address:_____
_____

Case Name:_____
Case #:_____
Worker Name:_____
Worker Telephone #:_____

The Department of Human Services Economic Security Administration evaluated your resources, and determined that you transferred assets for less than fair market value. Transferring assets for less than fair market value can make you ineligible for Medicaid long-term care services for a temporary period of time equal to the amount of time it would take to pay out the amount you transferred toward the cost of Medicaid nursing home care on a monthly basis. This temporary period of ineligibility is called a “transfer of assets penalty.” However, you can be eligible for Medicaid without a transfer of assets penalty if you can show that an undue hardship would exist if you did not receive long-term care services coverage.

An undue hardship exists if you can show that denying you long term care services, either institutional or home and community based services (HCBS) (including through either the Elderly and Persons with Disabilities (EPD) or Individuals with Developmental Disabilities(IDD) waivers), would threaten your life or health or would deprive you of food, clothing, shelter or other necessities of life.

In order to apply for an undue hardship exemption from the transfer of assets penalty, you must submit this application and all documentation to the Economic Security Administration by [15 days from the date of this notice]\_\_\_\_\_. **If you need additional time to provide the documentation, contact your ADRC case worker or ESA at (202) 698-4220. If you do not submit a request before the timeframe indicated, the District will determine you ineligible for Medicaid long term care services effective \_\_\_\_\_[date 15 days from notice] until the transfer of assets penalty period is complete.**

The Economic Security Administration will review the documentation provided with the undue hardship request to determine if you meet the undue hardship requirements. Your case worker will notify you in writing of the decision within 30 days.

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I want to claim an Undue Hardship. I affirm that the information provided about my claim for an Undue Hardship is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant/Recipient or Authorized Representative

\_\_\_\_\_  
Date

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In order to evaluate your Undue Hardship, you must provide **written evidence** of the following information:

- the reason(s) for the transfer;
- evidence documenting likely discharge from a nursing facility or HCBS services provider due to denial or termination of Medicaid payment for these services;
- *either:*
  - a physician’s statement that inability to receive long-term care services would threaten your life or health;  
*or*
  - documentation that losing Medicaid long term care service would deprive you of food, clothing, shelter, or other necessities of life;

The decision to approve or deny a hardship exception request will be made in accordance to Section 1917(c) of the Social Security Act and Supplement 9(a) to Attachment 2.6-A of the State Plan.

Please describe below how a denial of Medicaid long-term care services coverage under the transfer of assets penalty will threaten your life or health or how it will prevent you from being able to get food, clothing, shelter, or other necessities of life. Attach a separate piece of paper if needed. Provide any supporting documentation you have, including evidence of the reason for the transfer, documentation of your likely discharge from nursing facility or HCBS services, and a physician's statement and/or evidence documenting that a denial of services would deprive you of food, clothing, shelter or other necessities of life.